

Legislative Committee of the Connecticut General Assembly,

It is time to end the collaborative practice agreement requirement for nurse practitioners in the State of Connecticut. Failing to recognize nurse practitioners as independent practitioners creates a barrier to access to care for many Connecticut residents. In addition, the collaborative practice requirement limits the economic options for nurse practitioners, therefore affecting the health of the economy in this state.

The collaborative practice requirement provides a false sense of safety, insinuating that every nurse practitioner decision is overseen by a physician. In reality, this is not the case. Most nurse practitioners independently diagnose and treat their patients as well as manage their overall health. In situations where the nurse practitioner is lacking in the specialized knowledge or experience to safely diagnose and treat a particular patient, they then collaborate with a provider with that knowledge. This is not unlike a primary care physician who collaborates with a colleague in a specialty. Everyone collaborates for the best outcomes for their patients. This occurs with or without a mandated collaborative practice agreement.

Nurse practitioners often seek to care for the underserved of the population. This is not always a financially lucrative situation and therefore not particularly attractive to a collaborating physician. As a result, nurse practitioners planning on setting up an independent practice are forced to pay a collaborating physician out of money that is simply not there. Often these populations are elderly, from a low socioeconomic group, or physically or intellectually disadvantaged. These same populations would greatly benefit from the holistic model of care practiced by nurse practitioners.

Nurse practitioners are uniquely prepared to be expert primary care providers. Their background in nursing adds depth to their understanding of health and illness. Much research has shown the safety of the nurse practitioner. Other professions are similarly prepared for their niche in healthcare and are permitted to practice independently. Podiatrists and chiropractors practice independently, not in collaboration with an orthopedic physician. Optometrists practice independently, not in collaboration with an ophthalmologist. Similarly nurse practitioners should be permitted to practice independently, not in collaboration with a physician. Anything less specifically targets nurses and limits their economic options.

You will no doubt hear the copious research to demonstrate nurse practitioner safety in states with independent practice. You will also hear testimony of nurse practitioners who were limited in their economic options because of the collaborative practice requirement. You will hear the expert panels of the federal government who propose that nurses work to the full extent of their education to bridge the gap between the population's needs and provider availability. And no doubt you will hear testimony from medical organizations wishing to limit the role of the nurse practitioner in our society. It is time to consider facts when deciding to end

the collaborative practice agreement. Health care is has changed and will continue to change to meet the needs of an ever sicker, ever older population. Nurse practitioners are uniquely prepared to meet these challenges, but only independent practice can make that a reality.

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